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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 28 PM 5:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L02000021499

Name and Mailing Address

0004171 01 AT 0.292 **AUTO T8 0 0615 32935-651835
ANDREW KIRSCHNER PROPERTIES, L.L.C.
1435 HIGHLAND AVENUE
MELBOURNE FL 32935-6518

MJH



10/28 2003

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/21/2002	
Principal Place of Business 1435 HIGHLAND AVENUE MELBOURNE FL 32935	3. New Principal Place of Business Address	6. FEI Number 42-1550130	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent MOSLEY, CURTIS R 1221 EAST NEW HAVEN AVENUE MELBOURNE FL 32901		9. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

CR2E034 (7/03)

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent SIGNATURE REQUIRED Date _____
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	KIRSCHNER, ANDREW S	1435 HIGHLAND AVENUE	MELBOURNE FL 32935
			400024184464 10/28/03--01007--016 **150.00
			REINSTATEMENT 2003

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager SIGNATURE REQUIRED Date 10/19/03 Daytime Phone # 321-253-1952

Typed or printed name of signing Managing Member/Manager: ANDREW KIRSCHNER